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ABSTRACT

The past few years have witnessed a proliferation of studies designed to ascertain the prevalence of drug-using behavior among adolescents. Most of these studies have utilized the self-report questionnaire since this method is most suitable for surveying large numbers of persons in a relatively short time while keeping the monetary costs of gathering data reasonably low. The school system has a responsibility to help students make responsible decisions about drug abuse. Hence, the curriculum must be modified and new programs must be implemented to accomplish this. A school survey will lead to planning new approaches to the problem. This guide presents the methodology and techniques for carrying out a survey in an individual school setting. Additional information is included to provide researchers with needed support information. (Author/HMV)

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METHODOLOGY AND TECHNIQUES OF HOW TO CONDUCT A DRUG SURVEY IN A SCHOOL OR SCHOOL DISTRICT

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METHODOLOGY AND TECHNIQUES ON HOW TO CONDUCT A DRUG SURVEY IN A SCHOOL OR SCHOOL DISTRICT

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PREFACE

The past few years have witnessed a proliferation of studies designed to ascertain the prevalence of drug-using behavior among adolescents. Most of these studies have utilized the technique of the self-report questionnaire. This is an understandable approach since this method is most suitable for surveying large numbers of persons in a relatively short time while keeping the monetary costs of gathering data reasonably low.

This manuscript presents the methodology and techniques of precisely how to carry out a survey in your school setting. Additional information is added to provide the researchers with support information that might be needed.

William F. Breivogel
Executive Secretary

June, 1974

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INTRODUCTION

Society in general has become alarmed by publicity concerning drug use among our students. Valid data on which to base drug education improvements have been limited.

Since drug use has increased nationally in recent years it is often referred to as the "drug epidemic," however, descriptions of the patterns of use are often inadequate or unknown in many localities and populations.

Drug abuse often takes the form of experimentation rather than the regular use of a specific drug. However, the student still risks arrest or destructive side effects such as unintentional dependency or addiction.

Society would like to see students avoid drug use altogether, but the use of alcohol and tobacco has been socially acceptable for generations, making the drug credibility problem a complicated one.

In the final analysis, schools and parents must rely upon the judgment of the individual student in making a choice about drug use. The student must be aided in understanding drugs and the risks of drug abuse. Teachers and parents must be enlightened, willing to identify with the problem, and capable of taking reasonable steps to help the student in the various stages of drug use or dependency. Students' behavior should be skillfully altered to allow them to make judgments in the best interest of the individual and society, including a total life-and health-management system. The nature and extent of drug use revealed by a survey can only be received as criticism of the home and educational system in general for those who are concerned about our youth.

Although the acquired statistics may be lower or typical of many areas in the United States, this does not mean that a problem does not exist. The school system must create the best possible environment in and out of our schools to help these citizens make responsible decisions about drug use. The curriculum must be modified and new programs must be implemented to accomplish this. A school survey will lead to planning new approaches to the problem.

The baseline data that each district collects should be followed by periodic assessments, including sampling and more detailed investigation of attitudes, drug availability, and predicted trends.

Questions to be considered before conducting a drug survey in a school district:

1. Is there a need for doing such research?
2. What are the goals of carrying out such research?
3. Is the survey available at a cost which can be justified?
4. What priorities are we attributing to each of the goals we decide upon?
5. What are the viable roles that are possible for the individuals who are to be involved in such research, (including the activity level, extent of involvement, and the associated levels of responsibility)?
6. What are the implications of designing, carrying out such a survey, and of implementing the conclusions that are derived from the drug survey?
7. Will it be possible to draw conclusions which are relevant to the objective of the investigation?
8. What policies need to be considered before and after the survey?

9. What action should be taken immediately after the survey? (The data tend to become obsolete rapidly because of cultural and social changes.)

10. Does the student know how to respond to the instrument?

Rationale for a Drug Survey

Evaluations of drug use, attitudes, knowledge, and drug education programs in general have been rare, with the results often being used on a limited basis. Many surveys are only conducted by school personnel or administrators for the following reasons:

1. Reaction to community pressure wherein the community is frightened and demands to know how many students in a school are drug-involved.

2. To prove that there is a significant drug problem or perhaps to prove that there is no drug problem at all.

3. To assist students in those cases where the drug survey is student-induced.

4. To complete research for a college or university educational course requirement.

Regardless of the motivation for the survey, the important questions for school systems are these:

1. What does the data mean?

2. Is the information valid?

3. How are the data interpreted in regard to methodological considerations?

4. What kind of predictions can be made?

5. What use can be made of the information to help the school system?

The problem of a drug survey in the school system is a difficult one. Dealing with a sensitive and emotional topic within the community, it must not antagonize--it must help.

Many have failed to acknowledge the obtained data from student drug surveys. They pass the data off with the comment that "we have no real problem with drugs in this school or this community." In a real sense they fail to face reality. This probably is their characteristic way of meeting all crises.

Other educators react to the information published in student drug surveys by accepting it as totally valid and reacting in a panic-like manner as if the presented problem is of their own making. This reaction generates much steam but shows little evidence of positive action in assisting drug-abusing students to change behavior.

Educators must begin to accept some basic concepts regarding the drug scene before they can assess the worth of data obtained in student drug surveys. They should understand that:

1. Drug abuse is behavior which should be acknowledged as are other kinds of behavior.

2. Students and adults, in all segments of society, may become drug abusers, pushers, or suppliers.

3. Although drug abuse may be difficult to stop, there are techniques which assist drug abusers to modify their behavior.

4. Education and the school environment have a significant role in limiting the extent of drug use.

If these concepts were understood perhaps educators might better react personally to the whole drug picture. Once educators are able to place their

own reactions to drugs in perspective, perhaps data within student surveys can be realistically handled. A community or school system must have a valid and reliable needs assessment or survey completed in order to plan exact programs to alter the problem in various schools. Direct physical costs are increased in a community or school because of increased drug-related crime, more tax-supported services to deal with crime, higher welfare costs for families plagued by addiction, and the high cost of providing treatment and rehabilitation programs for addicts.

Within our educational system, which a large portion of our tax dollar supports, drug abuse has had a powerfully debilitating effect. Young people are exploited by the drug pushers and suppliers who prey on them through student-users who must enroll others in their illness if they are to continue to support their own drug dependence. Many teachers are disengaged from student-teacher relationships because of the added burdens of drug-related crime, violence, and student disruption. Drug control is not the total answer to the problem of our educational system, but a genuine effort to treat this symptom within society is needed. A school survey to determine the extent of the problem is a step in the right direction. Education, counseling, and related programs can be designed around the findings.

Typical Survey Objectives

Objectives of a drug survey in a school or school district can be developed by using the following objective examples as guidelines:

1. To develop baseline data for evaluation of high school educational programs in drug abuse.

2. To establish a data base to evaluate and analyze demographic, sociological and psychological correlates of drug usage.

3. To measure the high school students' knowledge of the known physical and psychological effects and legal ramifications associated with abuse of various mind-altering drugs.

4. To determine the utilization rates among high school students of various substances used for non-medical reasons.

5. To ascertain the attitudes of high school students toward the licit and illicit use of drugs.

6. To assess motivation both for drug use and for avoidance of mind-altering agents.

A four-phase program needs to be established in order to support the above mentioned objectives:

1. A comprehensive precoded drug abuse questionnaire can be completed by students and teachers on a voluntary and absolutely anonymous basis under teacher and student supervision.

2. Approximately two weeks later, a team of drug education professionals can hold a large number of informal seminars with small groups of students.

3. Within four weeks, a formal talk on various aspects of the drug scene can be presented by consultants in drug education. This should be followed by an extensive question and answer period.

4. From six months to a year later, a follow-up questionnaire should be administered to evaluate the overall program by determining what changes in attitudes, use, and knowledge had occurred since the inception of the program in the school. In addition, the students should be asked to comment upon the initial questionnaire, and the formal presentations.

LONGITUDINAL VERSUS CROSS-SECTIONAL SURVEYS

(Throughout the Student's Academic Life: K through 12)

Cross-sectional surveys are far less costly and time-consuming than longitudinal studies. Yet, longitudinal designs are essential in learning anything about cause-and effect-relationships or at least in establishing the time sequence of the dependent and independent variables. If drug use and the values associated with it appear to lead to the withdrawal of many young people from active participation in the school or community, then the long-range implications of the phenomenon are serious and the whole issue should be debated in these terms. On the other hand, if the evidence suggests that drug use is not related to academic or social failure or if the failure generally tends to precede the use of drugs, much of the concern may be taken from the controversy about drugs. Only with a longitudinal design could such definite information be obtained. The research needs to be aware of the problems of student and staff participants dropping out during the longevity of the study.

There are four major facets or components in statistical design in addition to such things as constructing the questionnaires, the interview guides, management of field work, and reporting the findings. These components are:

1. Resources available
2. The size of the sample
3. The type and number of variables to be employed
4. The complexity of the analysis

The Survey Flow Plan is meant to convey the idea that the design process is not a simple sequential flow from one step or from one component to the next. There are complex relationships among these different components and decisions made at earlier stages may irrevocably block desired procedures at later stages. (See Appendix B)

Defining the Population for a Drug Survey

Defining the population essentially means generating a list of all of those units which are the objects of study, whether they are individuals or families. The sampling frame facilitates the use of several rigorous procedures in selecting probability samples.

In some instances such lists are not available and cannot be generated in any reasonable length of time. Therefore, alternative approximations tend to be used. For example, instead of attempting to generate a listing of all students in a school, the researcher might resort to what is called area sampling. Probability sampling procedures are used to select the areas to be sampled and the individual to be sampled within selected areas.

To attempt to study all young people between the ages of 10 and 18 in some town or city would present major difficulties from the point of view of devising a sampling design. The student population to be studied must be clearly defined, then every effort should be made to identify that population so that it can be properly sampled. In this way you are sure that the sample reflects the characteristics of the student population in a manner that would reflect the ecological and demographic variables.

Sampling for the Drug Survey

An alternative to sampling is a complete enumeration, but a complete enumeration is almost impossible to secure. There are two reasons for this:

1. The size and nature of the population involved may be such that not all of the units can be identified.

2. The resources at the disposal of the researcher are such that the entire population cannot be covered.

Probability sampling enables the researcher to evaluate risks of error in his estimates of population characteristics. When a complete enumeration is attempted and fails, the sources and types of bias resulting from those who have been left out are unknown.

Two types of sampling must be distinguished: (1) probability sampling, and (2) judgement sampling. With respect to probability sampling, there are several sampling methods which may be used which are rather different from each other. The simplest is what is called simple random sampling. A simple random sample exists if every unit in the population has an equal chance of being selected. Such samples are costly because typically more cases are required than would be the case with other types of probability sampling methods.

Other probability sampling methods, however, require considerable knowledge of the population. In particular, the different varieties of stratified random sampling require knowledge of how variability occurs in different components of the population. In order to effectively design a stratified sample of any type, one must know how the attributes of the population are

related to the principle dependent variables. However, this usually is what the study is attempting to find out so this information is often not available. If some attributes of the population are known but they are unrelated to the dependent variable(s) nothing is gained from stratifying.

Some researchers have been very effective with the use of judgement samples. However, securing good judgement samples is possible only if the population is known in considerable detail.

In general it appears that the best approach for researchers is to use probability samples and/or simple random sampling techniques.

Three problems to consider involving sampling are:

1. The definition of the population
2. Specification of the sampling method to be used
3. Determination of the sample size

The size of the sample to be employed in a survey depends upon two factors: (1) the amount of variability in the population being studied, that is, with respect to the variables being employed; and (2) the degree of precision desired in the estimates of population characteristics. If variability is high and the degree of precision desired is high, the sample size will have to be very large.

Measurements for the Drug Survey

The term "level of measurement" refers to the amount of information contained in the measure assigned to an individual being studied. Remember that a measurement of an individual with respect to a characteristic (quanti-

tative or qualitative) means that the measurement differentiates the individual in more precise terms.

To illustrate, suppose a researcher solicits from respondents information on the amount of alcohol they consume at the present time. One form of the question is:

"Do you use alcohol at the present time?" Yes_____No_____

The data elicited may be used to classify the respondent into one of two classes: "Uses drug A" -- "Does not use drug A." This level of measurement is termed the nominal level. It "names" the respondent on the basis of the appearance or non-appearance of a characteristic. Note, however, that all those who indicate they use "drug A," regardless of amount of use, are placed in the same category, all who are placed in the same class are equivalent. This level of measurement differentiates acknowledged A-users from non-users but does not distinguish between, for example, heavy users and light users. There is not very much information contained in this measure. Another form of this question is:

"How much alcohol do you use at the present time?"

_____Daily
_____1-3 times/week
_____4-9 times/week
_____10 or more times/week

In this instance responses can be ordered in terms of the self-professed amount of the drug used. In addition to distinguishing between those who do and do not use "drug A," a differentiation can be made among users on the basis of the amount used. This second type of measurement (ordinal)

conveys more information than the first example (nominal). The level of measurement secured is quite high, it may be either at the interval or ratio level, and it is possible to differentiate all individuals on amount of drug consumed per unit time by the same measurement, provided they respond correctly and truthfully.

As the level of measurement increases from the nominal to the interval or ratio level it becomes permissible to use more powerful and sophisticated statistical techniques to test hypotheses and determine relationships among the variables measured.

It should be obvious that a researcher should secure the strongest level of measurement that he can on each variable in the study. This requires that he anticipate the type of data elicited by the questionnaire. He then must evaluate the suitability of the data for the statistical analysis that he wants to conduct.

ANALYSIS OF THE QUESTIONNAIRE

Analysis refers essentially to the demonstration of the nature and degree of relationship among two or more variables. Analysis concerns the demonstration of the way in which dependent variables are affected by varying configurations of independent variables (i. e., what affects what, by how much, in what way).

Variable analysis can be further elaborated including school, class, sex, religion, race, and age; an analysis which presumably would get at the more salient factors affecting drug use behavior.

It is clear that as the number of variables and the number of categories for each variable are increased, the number of combinations or cells in the analysis table will also increase. With low levels of measurement and weak analytical techniques the information yielded in a study will be low.

Since most phenomena in the social/behavioral sciences are quite complex, sophisticated methods are required in analysis. But sophisticated methods usually require large samples and stronger levels of measurement of the variables employed. This in turn necessitates careful conceptualization in the beginning and a knowledge of questionnaire construction, particularly the effect of the form of questions on the kind of data given.

The Drug Survey Instrument

The survey questionnaire should be thoroughly pretested and revised prior to being administered to the participating schools. The questionnaire should not be too long and can consist of precoded questions pertaining to the respondent's demographic characteristics, social background, family relationships, personal and family drug usage, knowledge of the laws regulating the use of illegal drugs, reasons for use and non-use of illicit drugs, availability of drugs, and knowledge of the effects of certain of the mind-altering drugs. Attached to each questionnaire should be an introduction explaining the objectives of the survey, assuring confidentiality and providing a glossary of drug terms. (See Appendix A)

If the major objective of a survey is that of securing straight estimates of level of use, it is suggested that such a survey be made independently, rather than entangling it with studies which have other goals involving much more extensive questioning.

It is also suggested that surveys include specific drug usage rates for age, race, grade, and sex. This allows for a standardized rate including equal proportions of grades and sexes to be compared with a similarly standardized rate for another area or study. Surveys including widely differing proportions of grades and sexes and their weighted rates, as are usually presented, are not strictly comparable with other studies. The identification of the time span of the survey is imperative.

Usage during the twelve-month period preceding the study is often specified since it is of interest to determine differences between grade - sex specific rates. It is often decided that the survey should be administered to all students in their homeroom at one point in time. This is not a perfect solution, but the best that most schools can decide on. The survey is carried out in the same manner which proves successful in your pilot survey.

If sampling is not used large numbers improve the accuracy of the results. Also, it is fairer to the students. Sampling has pitfalls for the unwary, and a sample study should be written up in a way that clearly explains the method, and what effect it has on the resulting rates. After preparing a draft of the form, which could be adapted later to mark-sense grading equipment or similar equipment for easy analysis, discuss the survey generally with expert consultants. Remember, in the draft construction, to respect your respondents. Respect can be sensed in your questionnaire.

Interview type surveys can be conducted although studies about such controversial topics are best conducted with the written survey. Reliability checks can be conducted by randomly interviewing students from the surveyed population.

Reliability and Validity

The next consideration is to establish procedures to check on the reliability and validity of the data that are collected. Following standard procedure, you can use one of two techniques that can ascertain validity of self-reported drug use. The first consists of comparing rates of drug use derived from self-report data with an estimate of drug use that is not based on self-report. The second is designed to measure respondents' willingness to report using any drugs even though they could not possibly have used them because they do not exist. It is, of course, a one-sided test that gives indications of people over-reporting drug use, but does not detect any under-reporting. Therefore, it provides a basis for establishing what the minimum rates are likely to be.

Reliability is checked by a test-retest of the students' reported drug-use histories. In some cases a second retest is required to validate the reliability. The time between the original test and subsequent retest varies between several days and more than one month. Reliability is examined by comparing their responses to whether they have ever used the types of drugs at the first test (T_1) and again at retest (T_2). Preliminary analysis suggests that test-retest reliability in drug-using histories among young drug users receiving treatment is generally high.

The possibility of problems in validity and reliability seem even greater when the behaviors on which respondents are being asked to report can be labeled as deviant or illegal rather than those that fall into the range of those more widely considered to be normal. Confidentiality must be assured and ways for the respondents to remain anonymous are built into the study design. In many studies teachers are not involved in the data-gathering process and frequently they are not in the room while research assistants administered the questionnaires. A variety of strategies have been employed that would minimize interaction among students thereby protecting validity and reliability of the responses. Researchers usually report that they excluded some questionnaires on the basis of evidence that the respondents did not take the task seriously or were incapable of performing it. Perhaps these procedures or precautions increase validity or reliability.

In summary, the question of validity has to do with whether one is measuring what one thinks is being measured. Does the questionnaire really measure the drug-using practices of adolescents or are we measuring their fantasies about drug-using practices? Reliability refers to the consistency with which one measures a phenomenon. In the case of a reported history of drug use, does that history contain the same items at two points in time (assuming, of course, that the possibility of "new events" is taken into consideration)? Do adolescents provide the same information on the test-retest basis?

Certain precautions can be followed to standardize the data collection

and assure validity:

1. The students are unaware that a survey is to be conducted on the testing day.

2. Students attending school on the testing day are the only participants in the study and no effort is made to include information from absentees.

3. Students are reassured that this anonymous survey and their responses will not be subject to individual scrutiny.

4. Student groups are used to administer the test to students, usually by a school service group, in an effort to minimize the effect of an adult administering such a survey.

Pretesting the Sample Population

There should be careful and intensive pretesting of question areas for relevancy of specific question wording and of techniques in administering the protocols. This developmental stage usually takes place over a period of many months. In the early stages, small group discussions with various kinds of persons primarily to throw issues and ideas back and forth, and to uncover relevant areas to be included. Outline the areas of interest in your research proposal. Use the participants in group assessments of your draft. This serves the dual function of getting viewpoints on the developing questionnaire of persons who are present or recent students, and also helps give a feeling of understanding and commitment to the survey.

Community Support

It is wise to mobilize school and community support for the survey. Obtain supporting statements from community leaders whom the respondents

know and respect. Discuss the student study with, and obtain supporting statements from, a diverse array of community leaders, including respected faculty members, the student body president, the head of the local liberal church, and a local doctor.

This support serves a number of purposes. It gives confidence that the research enjoyed the kind of broad local support it should have and helps the completion rate. It also gives the professional staff a feeling of security.

Method of Administration

To preserve the anonymity of the subjects, and especially to win their confidence in that this was in the interest of those conducting the survey, each subject should be given a sealable envelope into which the questionnaire can be put after completion. Instructions stated that participation in the survey was voluntary, that no information regarding single persons, grades, or schools would be given to authorities or the public; that the questionnaires would be destroyed after the transfer of information to punchcards; and that no name or birthday should be written on the form.

The teachers or students administering the questionnaires are instructed not to interfere with the completion of the forms and not to discuss the survey with the pupils prior to the distribution of the questionnaires. After the forms have been administered by the teachers or student service groups they are returned to a central office of the school and later forwarded to the person who is directing the survey.

The survey is carried out in this fashion on a specific day and through

informal contacts the conductors of the survey should gather feedback from both teachers and students as to their behavior in accordance with the way they were asked to behave. No effort should be made in the coding process to evaluate the data obtained with regard to "trustworthiness," as the information obtained, regardless of its common sense degree of feasibility, cannot pretend to be anything but the subjects' behavior as stated retrospectively by themselves.

It is hoped that a return percentage of 80% is obtained. This is obtained by information being provided by the participating schools giving the daily attendance for that day. Information concerning the total school enrollment can also be information for further references.

The administration of the study takes very little time, a median of about ten to twenty minutes, from the time the envelopes are opened and the forms distributed until they are returned. The survey should be administered in the same precise manner any standardized test is given.

Respondent's Cooperation

The next consideration is how to obtain the respondent's cooperation. Each designated respondent should receive a letter describing the study, asking for his cooperation, and explaining why his participation is important. If previous publicity has not been completed this should be done at the time of the survey. Make it clear to a respondent that he is not being forced to participate and that he has every right to refuse. This statement alone will convince some respondents to participate.

Respondents are told, of course, that there will be a follow-up survey at a later date and that they would receive information about the results of the study. Plan to send all respondents a release of some of the findings about a year after the initial interview. Obviously, you have to limit the kind of findings you present to avoid biasing answers during the second data collection.

Use of Volunteers

If there is no special funding for processing the returns, the P. T. A. can be contacted for volunteers. The importance of keeping the process and volunteers under control cannot be overestimated. A happy, confident volunteer is less likely to make mistakes. He is more likely to come back. He likes to feel that something interesting and important is going on. He does not like jobs that require immense concentration because he wants a chance to talk with other volunteers. Since each volunteer gives relatively few hours, it is not worthwhile to have any procedures that require lengthy training.

To a degree these volunteers can serve as your computer. They can sort, count, add, copy material, even selectively, on a tally sheet. Best of all, they can spot discrepancies and answers that do not fit the pattern.

Sorting is to be completed one variable at a time. The instructions for a day only are posted. Also a box is set up into which all "problems" are placed. This provides a pooling of atypical questionnaires from which a consistent editing pattern can be developed. Totals are carefully transferred onto worksheets.

The volunteers are usually impressed with the believability of the individual questionnaires. There are always some inappropriate answers, but the questions are usually filled out with thoughtfulness and care. Spaces left for comments are frequently used and these provide a great deal for thought. Volunteers may discover that they can discuss drugs with their children with more authority and calmness. With the volunteer activity completed, the final summarization, tabulation, and typing of graphs and reports can be prepared by the regular research staff.

Coding and Keypunching

In order to insure a reliable computer analysis of the data, it is important to secure the assistance of an experienced computer programmer. This person must direct the coding and keypunching of the data from the instrument (questionnaire) employed in the survey. This assures that accurate data are punched into cards for analysis. The type of analysis utilized depends upon the needs of each school district.

Cost Factors

The cost for analyzing the data can be estimated from $0.50 to $1.00 per questionnaire plus the cost of employing a programmer for several days. Materials cost depends on the type of questionnaire or survey used. Commercial instruments are available, however, it seems advisable for a district to design or adapt its own materials.

Dissemination of Results

Another concern is the dissemination of the results of the study. In a sense the study cannot be considered successful until the data are collected, the interpretations made, and the results have been evaluated and utilized by the public and by those who formulate policy. One of the major objectives should be, or can be, to provide an informed public with a balanced and factual account of the changing attitudes, values, and experiences of students.

A consistent concern should be in designing a study that can be of direct benefit to students. The early plans should include a tentative program for public discussion of the results in student forums and discussions, public meetings, student newspapers, and other similar sources.

Formal reports should first be made to the superintendent, administrative staff, school board, principals, school personnel, students, and community interest groups, including parent groups.

ADDITIONAL CONSIDERATIONS PRIOR TO THE STUDY

Responsibility to Students

1. Drug use represents only one problem in the broad spectrum of adolescent problems. Programs must be developed to meet all of the current needs of students. Total health education, K through 12, should be implemented as part of the total curriculum and should not treat drug education as the most worthwhile aspect of several curriculum entities. The instructional program should stress the clarification of values and the development of attitudes which will affect constructive behavior.

2. Total elimination of drug use or misuse is unrealistic; thus, we should strive for minimizing the frequency of drug use and misuse.

3. Developing cooperative programs in the school, county system, and state is needed to deal with the drug problem more effectively.

4. Identifying childhood behavioral patterns that could lead to failure and related syndromes which encourage drug abuse is essential.

5. Drug education programs should not be knowledge-centered alone, but should consist of a broad curriculum with an open-type, flexible teacher or coordinator who will work with students and teachers alike. This program should provide inservice training for teachers and involve all teachers in modifying attitudes that lead to drug abuse.

6. Parents can play an important role in solving this problem by incorporating their values and attitudes into the total educational approach--with the intention of opening up vital lines of communication. Workshops, provided by the school system, should include students and parents. School and parent responsibility cannot be separated.

7. In order for children to learn optimal emotional health, physical health must be adequate. Schools must have a relevant and functional curriculum, responsive and relevant to the student's physical health. A curriculum incorporating drug education must also be flexible and open to experiences with the family, church, social agencies, and professional resources.

Recommendations for the School System

As a result of a survey, drug use may be found to be widespread among students. The school board should take innovative and remedial action, making funds available to carry out the following recommendations:

A. Education

1. Provide from K through 12 a comprehensive health education program to help students cope with their environment.

2. Provide a curriculum that incorporates drug education in the total program.

3. Provide within the curriculum a program that stresses positive attitude formation and effective decision-making.

4. Comply with the state law relating to drug education.

5. Supplemental parent training programs are needed to involve parents in modifying student behavior.

6. Increase the communication between students and school personnel.

7. Develop curricula that are more responsive to current needs and interests of students.

8. Encourage student involvement in curriculum development.

9. Encourage student involvement in the search for positive approaches to the drug problem.

10. Initiate inservice training programs to encourage teachers to contribute to drug education by reporting their efforts to the school health teacher or coordinator, and equip teachers with techniques for teaching about drugs--to put drugs in perspective in today's life patterns.

11. Distribute materials through the schools concerning various problems of adolescents--especially those pertaining to alcohol, tobacco, and other drugs.

12. Initiate and participate in drug education programs and activities that require community involvement.

13. Conduct surveys periodically to determine any change in patterns of drug use and attitudes about drugs. This will serve to evaluate pilot drug education programs and to help further interpret the other surveys.

B. Counseling and Guidance

1. Employ additional guidance counselors to assist with the survey and follow-up responsibilities related to curriculum development and personal counseling.

2. Provide programs for training counselors to better relate to the students--by separating them from the administrative functions of the schools. (More time should provide for personal counseling and not in course or college advisement.)

C. Referral

1. A referral system should be developed county-wide to help students with identified behavioral problems--especially when the need for attention is a significant problem.

2. Develop a referral system for students and parents who need help from community agencies.

3. Because drug use is so widespread, a program should be developed with probation departments, courts, juvenile authorities, and other agencies, to keep predelinquents and first-offenders out of the judicial system and return them to the educational system as soon as possible.

D. Extracurricular Activities

1. Develop, extend, and improve extracurricular activities such as sports clubs, intramural sports programs, debating programs, student publications, drama, special interest clubs and programs.

2. Provide Career Days and follow-up programs to develop an interest in career opportunities for which these students are preparing themselves--get them interested in our society and motivate them to develop the skills needed for these careers. The curriculum will have to be adapted to these needs and interests.

E. Health Education or Drug Education Coordinator

1. A school health educator or a drug education coordinator should be added to school personnel. This person would be responsible for:

   a. initiating programs
   b. gathering information on drug abuse and drug education
   c. aiding in curriculum development
   d. providing inservice training for teachers and counselors
   e. carrying out continuous research
   f. evaluating the effectiveness of curriculum and programs

2. This person should not limit his activities to drug problems but would also coordinate those services and programs which encourage and develop the overall emotional health of the child.

3. Encourage PTA or PTO organizations to develop parent education programs to help meet the needs of parents, students, and the schools.

4. Provide parents and teachers with listings of each existing drug treatment resource and facility in the community. Students should have access to this information.

5. Provide flexible channels of help to parents so that they will consult counselors without fear of disciplinary action against a drug-involved child. Parents should feel free to notify school authorities when strong suspicions or evidence indicates that their children are involved in drug use.

6. Recommend to parents that they need to:

   a. Attend Adult Education programs to learn how to recognize significant changes in behavior which lead to or are caused by drug use.
   b. Recognize, understand, and deal effectively with those who have been identified as drug users.

Implications for Program and Staff Development

1. Employ health education and/or drug education specialists

2. Workshops at local school

3. County-wide retreats for drug education

4. Teen-peer counseling

5. Individual and teacher awareness

6. On-site visits to observe other school systems' drug education programs

7. Rap rooms for dealing with drug problems

8. Drug education in all subject areas

9. Health and drug education advisory councils in schools

10. Health advisory council to school comprised of medical professionals and selected members of superintendent's staff

CONCLUDING REMARKS

"No man should live for himself alone; for people ought to be loyal and stand together and work for common purposes."

unknown

Principals hesitate to acknowledge the existence of a drug problem for fear that it will harm the reputation of their schools and educational leaders. Pupils often don't respond truthfully because they fear their parents and school authorities. In turn, parents either don't recognize the symptoms or are fearful of admitting to a condition which reflects on the kind of home atmosphere they have provided for their offspring. The responses of teachers are equally unreliable, either because they have no knowledge of symptomatology of drug use or the fear indicating that they recognized the drug users in their class but did nothing about it.

Student drug surveys should result in the gathering of data which is then put to use in such a way as either to limit, maintain, or decrease the

level of drug-related behavior in a given environment.

The various goals that motivate drug surveys do not appear to concern themselves with responsible policy making. From whatever perspective we analyze the goals underlying student drug surveys, the common denominator that we are most likely to come up with is controlling the appetites of the population.

The social implications of student drug surveys or epidemiological research are rarely part of the development, the carrying out, or the end result of these efforts. The responsibility is seeing to it that the various social implications for the student, the school, and the general public are delineated and understood. The responsibility is protecting the student, the school, and general community from actions based on surveys which are insensitive to the needs of parents, teachers, and students.

The goals of the survey, the development of the actual instrument, the time and place for carrying it out, its analysis, and the policies derived from it, should be directed by a capable researcher. As a result, constructive programs can be implemented to modify drug-taking behavior of our youth.

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APPENDICES

APPENDIX A

DRUG INFORMATION SURVEY

DIRECTIONS Please mark all items (Do not write your name.)
After completing the survey, check to see if every item has been marked.

SECTION I

SEX MALE _____ FEMALE _____

RACE BLACK _____ WHITE _____ OTHERS _____

AGE _____

GRADE _____

SECTION II

Using the scale below, select your response to each item and circle the number.

Always	Usually	Sometimes	Rarely	Never
1	2	3	4	5

A I would seek correct drug information from the following

1 Classroom teacher	1	2	3	4	5
2 Coach	1	2	3	4	5
3 Guidance counselor	1	2	3	4	5
4 Principal	1	2	3	4	5
5 Brother or sister	1	2	3	4	5
6 Parents	1	2	3	4	5
7 Students	1	2	3	4	5
8 Doctor	1	2	3	4	5
9 Minister	1	2	3	4	5
10 Corner Drug Store	1	2	3	4	5
11 School or public library	1	2	3	4	5
12 Others	1	2	3	4	5

B I am

1 Independent	1	2	3	4	5
2 Happy	1	2	3	4	5
3 Quiet	1	2	3	4	5
4 Friendly	1	2	3	4	5
5 A follower	1	2	3	4	5
6 Sensitive	1	2	3	4	5
7 Kind	1	2	3	4	5
8 A leader	1	2	3	4	5

Section III

Coding:

Questionnaire OK	=	1
Interpretation	=	2
Probable "put on"	=	3
Badly incomplete	=	4
Keypunch problem	=	9

	ALCOHOL	UPPERS	DOWNERS	TRANQUILIZERS	HALLUCINOGENS	MARIJUANA	NARCOTICS	INHALANTS	TOBACCO
	beer whisky wine others (8)	dexedrine speed diexes others	qualudes uppers reds barbs others	librium valium others	LSD mescaline Psilocybin others	hashish THC	cocaine heroin codeine others	glue gasoline others	all types
(1) Have you ever tried	(WRITE YES OR NO IN EACH COLUMN)								
(2) If "YES" for how long (1) less than one month (2) less than 6 months (3) less than 12 months (4) 1-3 years (5) more than three years	(WRITE 1, 2, 3, 4, OR 5 IN EACH COLUMN)								
(3) If "YES" how often during a month (1) seldom (1-3 times) (2) occasionally (4-10 times) (3) regularly (more than 10 times) (4) Only once	(WRITE 1, 2, 3 OR 4 IN EACH COLUMN)								
(4) At what age did you first try	(WRITE AGE IN EACH COLUMN)								
(5) What was your main reason for first trying (1) boredom (2) curiosity (3) get away from problems (4) parents use it (5) student friends use it (6) teacher friends use it (7) rebellion (8) be friendly (9) easy to get (10) to get high (11) other	(WRITE 1, 2, 3, 4, 5, 6, 7, 8, 9, OR 10 IN EACH COLUMN)								
(6) Why do you continue to use (xxx) (1) boredom (2) curiosity (3) get away from problems (4) parents use it (5) student friends use it (6) teacher friends use it (7) rebellion (8) be friendly (9) easy to get (10) to get high (for pleasure) (11) Other	(WRITE 1, 2, 3, 4, 5, 6, 7, 8, 9, OR 10 IN EACH COLUMN)								
(7) Does your brother and/or sister use	(WRITE YES OR NO IN EACH COLUMN)								
(8) Do your parents know you use	(WRITE YES OR NO IN EACH COLUMN)								
(9) Which drugs do you feel are harmful	(WRITE YES OR NO IN EACH COLUMN)								

APPENDIX A

DRUG INFORMATION SURVEY

QUESTIONNAIRE

Dear Student:

The questionnaire you are about to fill out is concerned with use of drugs and attitudes toward drugs. Drug use by the youth of our country has received a great deal of concern and attention. There is a need for information from students in the Gainesville Area to aid in the development of better educational programs in the schools, and to correct some incomplete or misleading information.

DIRECTIONS

1. Please note the questionnaire is anonymous. DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.

2. Please consider each question carefully. There are no correct or incorrect answers.

3. If you have any questions, please ask the person who administers the test.

4. a. In SECTION I, please check male or female; black, white, or other; write your age to nearest birthday and write the number of your grade where indicated.

   b. In SECTION II, CIRCLE the number which best shows your feelings on EACH item of parts A & B. For example, if you would "sometimes go to a classroom teacher for drug information," you should circle 3. Please circle only one number for each item listed in A & B.

   c. In SECTION III, an answer is required in EACH block of the grid. For example, if you have tried alcohol in any form such as beer, whiskey, or wine, write YES under ALCOHOL where it says "Have you ever tried:" Answer for each drug category; UPPERS, DOWNERS, etc. Then, answer number 2 for ALCOHOL, UPPERS, DOWNERS, etc. Answer all items in a similar manner.

Thank you for your time and cooperation.

Ready? Begin!

APPENDIX A

DRUG INFORMATION SURVEY

GENERAL DIRECTIONS FOR ADMINISTERING QUESTIONNAIRE

Before marking the Questionnaire, the Tester should see that the desks are cleared and that each pupil has a pencil. The Tester should read aloud the directions shown below in capital letters.

1. Lead the class through each section as quickly as convenient without rushing. Each student is to complete the Questionnaire.

2. Students should be spaced in such a way to give privacy.

3. Students must remain quiet until all Questionnaires are collected.

4. READ THE DIRECTIONS AS I READ THEM TO YOU ALOUD:

   THE QUESTIONNAIRE YOU ARE ABOUT TO FILL OUT IS CONCERNED WITH USE OF DRUGS AND ATTITUDES TOWARD DRUGS. DRUG USE BY THE YOUTH OF OUR COUNTRY HAS RECEIVED A GREAT DEAL OF CONCERN AND ATTENTION. THERE IS A NEED FOR INFORMATION FROM STUDENTS IN THE GAINESVILLE AREA TO AID IN THE DEVELOPMENT OF BETTER EDUCATIONAL PROGRAMS IN THE SCHOOLS, AND TO CORRECT SOME INCOMPLETE OR MISLEADING INFORMATION.

   The Tester will read to the class the following: PLEASE NOTE THE QUESTIONNAIRE IS ANONYMOUS. DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE. READ THE DIRECTIONS IN ITEM 4, SECTIONS I, II, AND III, AND FOLLOW THEM CAREFULLY. (Please read these sections to your students.) CONSIDER EACH QUESTION CAREFULLY, THERE ARE NO CORRECT OR INCORRECT ANSWERS. IF YOU HAVE ANY QUESTIONS, ASK ME. WHEN YOU HAVE FINISHED, PLEASE TURN YOUR QUESTIONNAIRE FACE DOWN ON YOUR DESK, REMAIN QUIET UNTIL EVERYONE HAS FINISHED, AND THE QUESTIONNAIRES HAVE BEEN COLLECTED.
   READY? BEGIN!

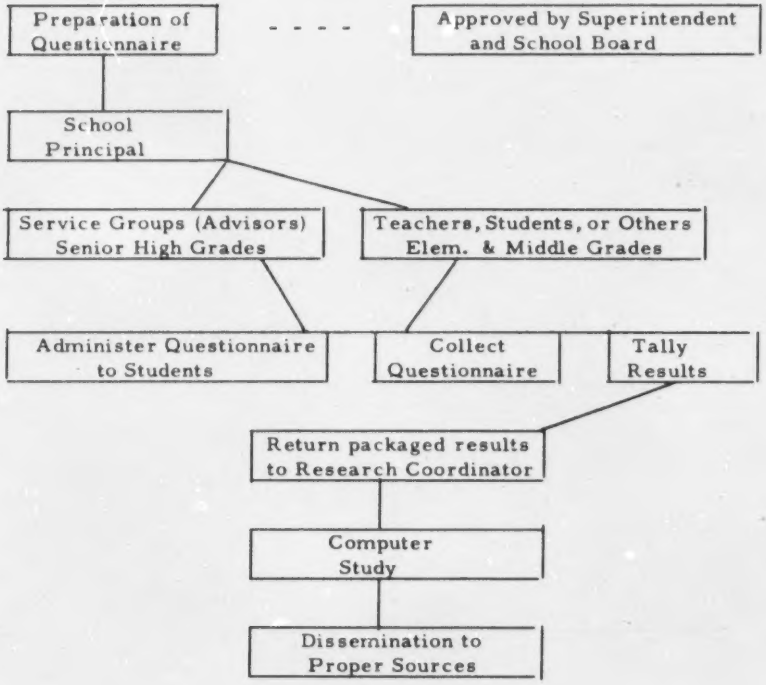
5. When every student has finished:

   Make certain all Questionnaires have been turned in.

   Place Questionnaires in envelope, seal, and return to your principal.

APPENDIX B

DRUG INFORMATION SURVEY FLOW PLAN


Preparation of Questionnaire
Approved by Superintendent and School Board
School Principal
Service Groups (Advisors) Senior High Grades
Teachers, Students, or Others Elem. & Middle Grades
Administer Questionnaire to Students
Collect Questionnaire
Tally Results
Return packaged results to Research Coordinator
Computer Study
Dissemination to Proper Sources

APPENDIX C

A SCHOOL DISTRICT

Sample: LETTER TO PRINCIPAL

Dear Principal:

The school board has given clearance to survey the extent and nature of drug use by our youth in grades_____through_____.

We plan to accomplish this task during the week of _____, month_____, and with the minimum amount of disruption of school routine. Simple directions for administration and tallying of the questionnaire will accompany it.

Whenever possible, a student service group(s) within the school should be used for administration of the survey to reduce fear of reprisal in responding honestly to the items. The service unit will administer the survey, collect the results, and, within that day or the next, tally the results so they have an "immediate" picture of drug use at THEIR school. The packaged materials plus tallied results are to be sent to the district office where they will be picked up for analysis using resources at the university.

At NO time and in NO way should administrators state opinions to the students and/or faculty in a negative way as this will invalidate any future work deemed necessary for further clarification of drug use and/or effectiveness of programs instituted as a direct or indirect consequence of the study.

At NO time will the data of this study be made available to legal agencies or the news media without permission of the district superintendent and board.

The computerized results for the district, broken down into many categories, will be made available to the school and district administrations.

If district staff assistance is necessary at any time for reasons of implementation, such as for lower grades where service groups are not available, please contact the district office.

Sincerely yours,

Superintendent

APPENDIX D

SUMMARY OF DATA

A summary of the data collected using the Drug Information Survey can be presented in the following types of tables:

1. Completeness of Responses
2. Respondents by Sex
3. Respondents by Race
4. Respondents by Grade
5. Drug Use Frequency (Grades 7-12)
6. Drug Use Frequency (District-Wide Population)
7. Drug Use Frequency by Race and Sex
8. Students Who Consider These Drugs Harmful (Grades 7-12)
9. Students Who Consider These Drugs Harmful or Not Harmful for Non-Users and Users
10. Students Who Consider These Drugs Harmful or Not Harmful by Grade and Drug
11. Estimated Age 11th-and 12th-Grade Students Started Using Specific Drugs
12. Resources Students Contact for Drug Information
13. Reasons for First Trying a Drug (7-12 Grade Users)
14. Reasons for Continuing to Use a Drug (7-12 Grade Users)

APPENDIX E

Sample Drug Survey: ATTITUDES AND OPINIONS

Directions: Indicate by placing a check (✓) in the appropriate column (to the right) your feelings and opinions to the statement listed.

	AGREE	DISAGREE	CANNOT DECIDE
1. The decision to use or not to use any drug is a personal decision which each individual must make for himself.	_____	_____	_____
2. Every time a person takes a drug as an attempt to help in solving his problems, he loses an opportunity to develop his own resources for solving the problems.	_____	_____	_____
3. If you don't use drugs it is risky to associate with those who do because they might influence you to begin.	_____	_____	_____
4. The decision to use drugs affects only the person who chooses to use them.	_____	_____	_____
5. People who are curious about drugs should satisfy their curiosity by trying them.	_____	_____	_____
6. Driving an automobile after smoking marijuana is safer than driving after drinking alcoholic beverages.	_____	_____	_____
7. Students who use drugs tend to lose interest in school, to get lower grades, to subsequently drop out of school.	_____	_____	_____
8. If a person has will power, he can take almost any drug and be able to stop when he wants.	_____	_____	_____
9. Drugs are good for some people because they help them escape from their problems.	_____	_____	_____

	AGREE	DISAGREE	CANNOT DECIDE
10. Marijuana use frequently leads to, or is associated with, the use of other drugs.	_____	_____	_____
11. The use of heroin leads a person quickly toward total drug dependence from which it is very difficult and often impossible to recover.	_____	_____	_____
12. Marijuana is a harmless drug that does not cause physical or mental damage.	_____	_____	_____
13. Drug users are likely to be persons who never learn to solve problems or to adjust to life.	_____	_____	_____
14. Adults who use and often abuse alcohol are unfit to advise young people about the use of marijuana.	_____	_____	_____
15. State and federal laws restricting the use of drugs constitute violations of the individual's constitutional rights.	_____	_____	_____
16. The amphetamines are mild and fairly harmless drugs with which students can safely experiment.	_____	_____	_____
17. Some users of LSD experience mental disturbances which endanger their mental health.	_____	_____	_____
18. Suppose you discover that a classmate is abusing drugs. What should be done?			
a. It is his own business--nothing should be done.	_____	_____	_____
b. Offer your help.	_____	_____	_____
c. Talk to trusted adults about him.	_____	_____	_____
d. Inform his parents.	_____	_____	_____
e. Inform the police about him.	_____	_____	_____

Sample Drug Survey: Attitudes and Opinions

	AGREE	DISAGREE	CANNOT DECIDE
19. Giving students information about drugs will			
a. have no effect on their decision to use or not use drugs.	_____	_____	_____
b. make students curious who never thought about using drugs before.	_____	_____	_____
c. encourage drug abuse.	_____	_____	_____
d. help stop drug abuse.	_____	_____	_____
e. encourage experimentation to merely find out what it's all about.	_____	_____	_____
20. Lack of parental discipline is a major cause of drug use and abuse.	_____	_____	_____
21. Too strict parental discipline is a major cause of drug use and abuse.	_____	_____	_____
22. Most drug users have valid and workable plans for improving America, its schools, its government, its policies.	_____	_____	_____
23. The nature and extent of drug abuse among students (high school, junior high, and elementary) has been exaggerated.	_____	_____	_____
24. One of the primary mistakes of teachers who are trying to conduct drug education programs is that they make no distinction between various patterns of drug use -- experimental, occasional, regular, compulsive.	_____	_____	_____
25. Drug use among students is largely due to Communists and their plans to overthrow the U.S. government.	_____	_____	_____
26. School programs that continue to be planned for the college-bound, the socially-motivated, and the athletically-gifted, contribute to the drug use and abuse problem.	_____	_____	_____

	AGREE	DISAGREE	CANNOT DECIDE
27. Students often use drugs as a means of attacking their parents.	_____	_____	_____
28. What has been your experience with people?			
a. There is a lot of good in all people.	_____	_____	_____
b. There is some good in most people.	_____	_____	_____
c. People are about as good as they have to be.	_____	_____	_____
d. A surprising number of people are mean and dishonest.	_____	_____	_____
e. Most people are just no good.	_____	_____	_____
29. Which of the following best describes your feelings toward most people?			
a. I have very few close friends. Generally I do not meet and make friends easily.	_____	_____	_____
b. I have a few close friends. Generally I meet people and make friends fairly easily, although probably not as easily as most people do.	_____	_____	_____
c. I have probably a little less than the average number of close friends since I generally do not have the time or the interest to spend with them.	_____	_____	_____
d. I have about the average number of close friends, and I meet people and make friends about as well as most people do.	_____	_____	_____
e. I have many close friends and I try to take an interest in most of them. I meet people and make friends easier than most people do.	_____	_____	_____

APPENDIX F

Sample: POSITION STATEMENTS, GUIDELINES, AND PROCEDURES FOR CRISIS SITUATIONS

A School District Position Statement on Drug Abuse

The School District has instituted a program to abate the misuse of drugs by our children and youth. The position of the District is that the abuse of all harmful substances and drugs such as alcohol, barbiturates, heroin, marijuana, hallucinogens, tobacco, etc., is harmful to the individual and eventually to society.

The District feels that working with the young to assist them in selecting appropriate alternatives to drugs will be a successful approach. The District further feels that the complete cooperation of the schools, law enforcement agencies, parents, students, and the community-at-large is necessary before this approach can be fully successful.

The major thrust of the School District is to prevent the misuse of drugs through education and counseling, and to assist those involved with drug misuse through counseling and/or the direct assistance of community health agencies.

Adopted by the Governing Board_____(Date)_____

Administrative Guidelines on Drugs

Disciplinary actions are usually forthcoming--suspension, expulsion, or exclusion of the student from school. The main point should be solving the problem in school.

1. The student could be placed in a home-study program.

2. The student will continue in school provided that he accepts and follows through on certain agreements such as participating in therapy, living up to a contract worked out with him.

3. Whenever possible, the student will continue in school, making sure that the principal is satisfied that the student's presence is not destructive to the welfare of other students and is in his best interest as well. There will be no "automatic" suspension.

4. Major adjustments could be made in the school program, involving the student in work experience, teacher aide, or adult school alternatives.

Sample: Position Statements, Guidelines, and Procedures for Crisis Situations

Procedures for Responding to Students in Crisis Situations:
(Under the influence of drugs, depressed, angry, fainted, anxious, and related situations)

1. The student is placed in a non-threatening setting as quickly as possible, with every attempt being made not to dramatize the action. Specially designated school personnel, counselors, and students will be trained to handle these types of situations by the school psychologist, community counselor, and other appropriate persons such as physicians and administrators. Students can be especially helpful because of their personal identification with and understanding of these types of problems. They may be effectively utilized in many situations under the supervision of a principal, counselor, or teacher.

2. Someone chosen by principal, counselor, or teacher, may be assigned to talk a person through a crisis. This can greatly deescalate the magnitude of the problem and make it much more readily manageable. In most of these cases very little more than personal support, acceptance, and reassurance is necessary.

3. When it seems clear that the parent of the student might be notified of the problem, without compounding or increasing the trauma or problem, the parent might be called to come and pick up the student. If it is necessary to take the student to the hospital, the parent must be notified. Our desire is for the student to be back in school as soon as possible so that counseling and follow-up may continue.

APPENDIX G

SCHOOL DRUG PROGRAM -- GROUP DISCUSSION QUESTIONS

1. Should an instructional unit on drugs be offered?
   a. What should be its content?
   b. Where should it be taught?
   c. Who should teach it?

2. Must drug offenses be committed while the student is under the supervision of the school?

3. How should a student be handled at school who is referred to the office by school personnel for being under the influence of or in possession of a drug or narcotic?
   a. Should the parents be notified by the school?
   b. Are there situations in which the parents may not be notified?
   c. Should juvenile authorities be notified?
   d. Should the school treat the student?

4. What is the school's position when offenses are committed off campus and not under school supervision?

5. What standards of evidence should the school use in determining whether a student has wrongfully used, sold, or been in possession of prescribed drugs or narcotics?
   a. Police record
   b. Official charge
   c. Should the school take action without due process?
      (1) Punitive suspension
      (2) Protective suspension

6. How should a student who voluntarily reports to the office and admits use of a drug or narcotic, and requests assistance with his problem, be handled?
   a. Should the parents be contacted if the student objects?
   b. Should juvenile authorities be notified?

7. Should the school recommend professional counseling for students identified as using drugs?
   a. With parent's consent?
   b. Without parent's consent?
   c. What agencies?
      (1) Law enforcement
      (2) Probation
      (3) County medical department
      (4) Specialist employed by the school district

8. Should such counseling become a condition for remaining in school?

9. Should school personnel contribute to the rehabilitation of students who have a problem with drug use?

10. Should the school provide group counseling sessions for students who are known to be using drugs?

11. Should counselors and other certificated personnel report information received in confidence from students to:
    a. Parents
    b. Police
    c. Other authorities

12. The source of the problem most frequently is in the home. What should be the role of the school in attacking this problem?

APPENDIX H

CRITERIA FOR EVALUATING THE SCHOOL DRUG PROGRAM

INSTRUCTIONS:
1. Place a check (✓) in the appropriate column under "Provision" for each criterion.
2. Circle the appropriate number under "Effectiveness" that best illustrates the effectiveness of the criterion. Scale: POOR 0 1 2 3 4 5 GOOD
3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	PROVISION NO	PROVISION PARTLY	EFFECTIVENESS	NEEDED CHANGES
BASIC OBJECTIVES					
1. Familiarity with nature and extent of drug problem among students	___	___	___	0 1 2 3 4 5	
2. Operation of a school drug program	___	___	___	0 1 2 3 4 5	
3. Drug program includes more than education	___	___	___	0 1 2 3 4 5	
4. Goals are behaviorally centered	___	___	___	0 1 2 3 4 5	
5. Treatment of students based on causal relationships rather than symptomatic behavior	___	___	___	0 1 2 3 4 5	
6. Focus on improvement of interpersonal relation and helping students find identity	___	___	___	0 1 2 3 4 5	
7. Students actively participate in a variety of ways	___	___	___	0 1 2 3 4 5	
8. Community involved in the program	___	___	___	0 1 2 3 4 5	
9. Related to and coordinated with community efforts	___	___	___	0 1 2 3 4 5	

APPENDIX H

CRITERIA FOR EVALUATING THE SCHOOL DRUG PROGRAM

INSTRUCTIONS: 1. Place a check (✓) in the appropriate column under "Provision" for each criterion.
2. Circle the appropriate number under "Effectiveness" that best illustrates the effectiveness of the criterion. Scale: POOR 0 1 2 3 4 5 GOOD
3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
FORMAL EDUCATION										
1. Organization of program										
a. Part of health education	___	___	___	0	1	2	3	4	5	
b. Correlated with other subjects	___	___	___	0	1	2	3	4	5	
2. Curriculum										
a. Graded program K through 12	___	___	___	0	1	2	3	4	5	
b. Curriculum guide available	___	___	___	0	1	2	3	4	5	
(1) Concept approach used	___	___	___	0	1	2	3	4	5	
(2) Behavioral objectives provided	___	___	___	0	1	2	3	4	5	
(3) Content includes										
(a) Pharmacological aspects	___	___	___	0	1	2	3	4	5	
(b) Psychological aspects	___	___	___	0	1	2	3	4	5	
(c) Sociological aspects	___	___	___	0	1	2	3	4	5	
(d) Spiritual aspects	___	___	___	0	1	2	3	4	5	
(4) Variety of stimulating and interesting methods of teaching	___	___	___	0	1	2	3	4	5	
(5) Realistic assessment procedures established	___	___	___	0	1	2	3	4	5	

APPENDIX H

CRITERIA FOR EVALUATING THE SCHOOL DRUG PROGRAM

INSTRUCTIONS: 1. Place a check (✓) in the appropriate column under "Provision" for each criterion.
2. Circle the appropriate number under "Effectiveness" that best illustrates the effectiveness of the criterion. Scale: POOR 0 1 2 3 4 5 GOOD
3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
FORMAL EDUCATION										
3. Teachers										
a. Communicate well with students	___	___	___	0	1	2	3	4	5	
b. Qualified to teach about drugs	___	___	___	0	1	2	3	4	5	
4. Resources										
a. Variety of materials available	___	___	___	0	1	2	3	4	5	
b. Resource teacher in each school	___	___	___	0	1	2	3	4	5	
c. Use of community	___	___	___	0	1	2	3	4	5	
5. Instructional program for parents	___	___	___	0	1	2	3	4	5	
INFORMAL EDUCATION										
1. Opportunities through										
a. Rap sessions--one-to-one or small groups	___	___	___	0	1	2	3	4	5	
b. Drop-in centers	___	___	___	0	1	2	3	4	5	
c. Hot-lines	___	___	___	0	1	2	3	4	5	
d. Others_____	___	___	___	0	1	2	3	4	5	

APPENDIX H

CRITERIA FOR EVALUATING THE SCHOOL DRUG PROGRAM

INSTRUCTIONS: 1. Place a check (✓) in the appropriate column under "Provision" for each criterion.
2. Circle the appropriate number under "Effectiveness" that best illustrates the effectiveness of the criterion. Scale: POOR 0 1 2 3 4 5 GOOD
3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	PROVISION NO	PROVISION PARTLY	EFFECTIVENESS	NEEDED CHANGES
INFORMAL EDUCATION					
2. Individuals available for "rapping"					
a. Teachers	___	___	___	0 1 2 3 4 5	
b. Counselors	___	___	___	0 1 2 3 4 5	
c. Nurse	___	___	___	0 1 2 3 4 5	
d. Students	___	___	___	0 1 2 3 4 5	
e. Ex-addicts	___	___	___	0 1 2 3 4 5	
f. Physicians	___	___	___	0 1 2 3 4 5	
g. Others_____	___	___	___	0 1 2 3 4 5	
3. Parents					
a. Personnel available	___	___	___	0 1 2 3 4 5	
b. Procedures established to help with					
(1) Information	___	___	___	0 1 2 3 4 5	
(2) Guidance and assistance	___	___	___	0 1 2 3 4 5	
4. Use of community resources	___	___	___	0 1 2 3 4 5	

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3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
SERVICES										
1. Identification of drug abusers and users										
a. Procedures established	—	—	—	0	1	2	3	4	5	
b. Personal familiarity with procedures	—	—	—	0	1	2	3	4	5	
2. Handling of drug users and abusers										
a. Procedures established	—	—	—	0	1	2	3	4	5	
b. Personnel roles identified	—	—	—	0	1	2	3	4	5	
c. Availability of teachers, counselors, nurses, or others for help when needed or requested	—	—	—	0	1	2	3	4	5	
d. Rehabilitation and treatment help for students	—	—	—	0	1	2	3	4	5	
3. Personnel familiar with community resources available to help students	—	—	—	0	1	2	3	4	5	
4. Coordination with community resources	—	—	—	0	1	2	3	4	5	
5. Adjustments of school program for drug abusers to help with rehabilitation	—	—	—	0	1	2	3	4	5	

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CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
SCHOOL ATMOSPHERE										
1. Personnel awareness of student alienation and unrest	—	—	—	0	1	2	3	4	5	
2. Action to reduce student alienation and unrest	—	—	—	0	1	2	3	4	5	
3. Action to satisfy students' physical and psychological needs	—	—	—	0	1	2	3	4	5	
4. Action to satisfy students' psychological and social needs	—	—	—	0	1	2	3	4	5	
5. Action toward more humaneness in school with attention to										
a. Individualized instruction	—	—	—	0	1	2	3	4	5	
b. Student involvement	—	—	—	0	1	2	3	4	5	
c. Meaningful learning	—	—	—	0	1	2	3	4	5	
d. Success opportunities	—	—	—	0	1	2	3	4	5	
e. Performance objectives criteria	—	—	—	0	1	2	3	4	5	
f. Freedom of student expression	—	—	—	0	1	2	3	4	5	
g. Improved human relationships	—	—	—	0	1	2	3	4	5	

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3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
SCHOOL ATMOSPHERE										
5. (continued)										
h. Listening to students	—	—	—	0	1	2	3	4	5	
i. Flexible scheduling of classes	—	—	—	0	1	2	3	4	5	
j. Greater teacher involvement in school affairs and decisions	—	—	—	0	1	2	3	4	5	
k. Provision for warm, friendly, secure atmosphere	—	—	—	0	1	2	3	4	5	
COORDINATION										
1. Availability of drug coordinator for school system	—	—	—	0	1	2	3	4	5	
2. Drug advisory committee	—	—	—	0	1	2	3	4	5	
3. Written policies and procedures that include:										
a. Educational program	—	—	—	0	1	2	3	4	5	
b. Services program	—	—	—	0	1	2	3	4	5	
c. Identification of roles of personnel and students	—	—	—	0	1	2	3	4	5	

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2. Circle the appropriate number under "Effectiveness" that best illustrates the effectiveness of the criterion. Scale: POOR 0 1 2 3 4 5 GOOD
3. Add appropriate comments under "needed changes."

CRITERIA	PROVISION YES	NO	PARTLY	EFFECTIVENESS 0	1	2	3	4	5	NEEDED CHANGES
COORDINATION										
3. (continued)										
d. Handling students using, suspected of using, or under the influence of drugs	___	___	___	0	1	2	3	4	5	
e. Handling law violations and other conditions, including:										
(1) Suspension and expulsion	___	___	___	0	1	2	3	4	5	
(2) Student search rights	___	___	___	0	1	2	3	4	5	
(3) Student questioning rights	___	___	___	0	1	2	3	4	5	
(4) Personnel records	___	___	___	0	1	2	3	4	5	
(5) Readmission	___	___	___	0	1	2	3	4	5	
f. Confidentiality and police relations	___	___	___	0	1	2	3	4	5	
g. Counseling, guidance, and rehabilitation	___	___	___	0	1	2	3	4	5	
h. Possession or sale of drugs	___	___	___	0	1	2	3	4	5	
i. Undercover police on campus	___	___	___	0	1	2	3	4	5	
4. Financial support	___	___	___	0	1	2	3	4	5	
5. Inservice programs for school personnel	___	___	___	0	1	2	3	4	5	

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